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Page Total \$ 2,500.00

## **Statement of Contributions Received**

Prescribed by Secretary of State 2/0

Name of Committee in Full								
HOWARD BOND FOR COUNCIL Full Name of Contributor								
				Registration Number, if PAC				
Ruby L. Bond Street Address	- I= -			N/	<u> </u>			
			pation/Labor Organization	_			Form (Cash, C	heck, etc.)
3900 Rose Hill Avenue #802A	City Health Nurse - Dept. o			of Health			Check	
City	Sta		Zip Code	M	D	Y	Amount	
Cincinnati	0	H	45229		2 7			1,000.00
Full Name of Contributor				_	ation Nu	mber, if	PAC	
Sandy L. Sherman N/A								
Street Address	Employ	er/Occu	pation/Labor Organization				Form (Cash, C	heck, etc.)
5418 Carrahen Court							Check	
City	Sta		Zip Code	M	D	Y	Amount	
Cincinnati	0	H	45237	0 6	1 5	0 3		100.00
Full Name of Contributor					ation Nu		PAC	
Eugene L. Saenger, Jr.				N/	Α			
Street Address	Employ	er/Occu	pation/Labor Organization				Form (Cash, C	heck, etc.)
690 Cedar Crest Lane							Check	
City	Sta	te	Zip Code	М	D	Y	Amount	
Cincinnati	0	H	45230	0 6	2 4	0 3		100.00
Full Name of Contributor	*				ation Nu		PAC	
Gary A. Dowdell, Sr.				N/	Α			
Street Address	Employ	er/Occi	pation/Labor Organization				Form (Cash, C	heck, etc.)
11890 Britesilks Lane	Pro	cter &	k Gamble				Check	. ,
City	Sta		Zip Code	М	D	Y	Amount	
Cincinnati	10	H	45249	06 2	6 0	3		500.00
Full Name of Contributor					ation Nu		PAC	000.00
Clayton Bond				ľ		•		
Street Address	Employ	er/Occu	pation/Labor Organization	Щ.			Form (Cash, C	heck, etc.)
Bogota, Unit 5108	` '	•	. , ,				Check	
City	Sta	ite	Zip Code	М	D	Y	Amount	***
APO	Α	Α	34038	0 6	ŀ			100.00
Full Name of Contributor	1 11		01000				PAC	100.00
Full Name of Contributor Registration Number, if Edward W. Whitson N/A								
Street Address	Employ	er/Occi	pation/Labor Organization	14/	<u> </u>		Form (Cash, C	heck etc.)
2695 Firtree Court	Retired						Check	neck, etc.,
City	Sta		Zip Code	М	D	Y	Amount	
Cincinnati	0	H	45223	1	2 7	ı		500.00
Full Name of Contributor	10	11	40220		ation Nu			300.00
Keith Borders			•	ice gisti	atton 140	mioer, n	TAC	
Street Address	Employ	er/Occi	upation/Labor Organization				Form (Cash, C	hook otal
1240 Avon Drive	Linploy	er/ Occi	apation, baboi Organization					neck, etc.)
City	Sta	a to	Zip Code	М	D	Y	Check Amount	
Cincinnati	I _	H	45229				Zinount	100.00
CINCITITATI Full Name of Contributor	10	וח	40447	0 6			PAC	100.00
James A. Franklin Street Address	E1	on / Co ::	mation /I shor O				Earn (Coal C	Thoole stal
	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
1155 Towne Street, #4	State Zip Code M D Y			1 1/	cCheck			
Cincinnati	I _		Zip Code	M	D	Y	Amount	100.00
Cincinnati	0	H	45216	<u> 10 6</u>	3 0	$10^{\circ}3$	<u> </u>	100.00

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

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Page	<u>2</u>

## **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

Name of Committee in Full								
HOWARD BOND FOR COUNCI	т							
Full Name of Contributor	بالا		Dogistro	tion N	umber, if	PA C		
Bobbi J. Wilson					umoer, ii	PAC		
Street Address	Employer/Oc	cupation/Labor Organi	N/.	Α.		Form (Cash, Check, etc.)		
1605 Young Street, Apt. #1	Limpleyer, Co	cupation, East Organi	zation					
City	State	Zip Code	1 1/		T	Check		
Cincinnati	O H		M	D	Y	Amount		
Full Name of Contributor		45210		3 0		50.00		
Tan I value of Contributor			Registra	ition Ni	umber, if	PAC		
Street Address	Employer/O	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			li n	ri N		216		
Tail Name of Contributor			Registra	Registration Number, if PAC				
Street Address	Employer/O	cupation/Labor Organi	zation		·	Form (Cash, Check, etc.)		
		Employer/ Occupation/ Lator Organization				Torin (Cush, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registra	tion N	umber, if	PAC		
Street Address	F(O	······································						
Sireet Address	Employer/O	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registra	ation N	umber, if	PAC		
Street Address	Employer/O	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
	State	Zip Code	101	٦	1	Amount		
Full Name of Contributor	l		Registra	tion N	umber, if	PAC		
incgisti					egantation value of a 1110			
Street Address	Employer/O	cupation/Labor Organi	zation			Form (Cash, Check, etc.)		
						,		
City	State	Zip Code	М	D	Y	Amount		
	ļ							
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registra	ation N	umber, if	PAC		
Street Address	Employer/O	cupation/Labor Organi	ization			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
					:			
Full Name of Contributor Registration Number, if					PAC			
Man	T							
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
* Required for contributions over \$100 to statewide and	general assembly cand	idates. If contributor is s	elf-employed, o	ccupati	on rather	than emplover should be list		

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 50.00